STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
14519	**Petro Karanasias, M.D., Ltd.**

3. Principal office address	City	State	Zip
100 Highland Avenue, Suite 303	**Providence**	**RI**	**02906**

4. Business Phone No.	5. State of Incorporation
401 272-1883	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
medical services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Petro Karanasias, M.D.	
Street Address: **100 Highland Ave, #303**	Street Address:
City: **Providence** / State: **RI** / Zip: **02906**	City: / State: / Zip:
Secretary Name: **Petro Karanasias, M.D.**	Treasurer Name: **Petro Karanasias, M.D.**
Street Address: **100 Highland Ave., #303**	Street Address: **100 Highland Ave., #303**
City: **Providence** / State: **RI** / Zip: **02906**	City: **Providence** / State: **RI** / Zip: **02906**

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8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	100		No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date FILED C

Check No JAN 25 2013

By: C 188494

BY

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

01/24/2013

Signature of Authorized Representative — Date

Petro Karanasias, M.D.

Print or Type Name of Authorized Representative